



TRANSFER ELIGIBILITY CERTIFICATION

TO BE COMPLETED BY TRANSFER STUDENT

LAST NAME _____

FIRST NAME _____

SOCIAL SECURITY NUMBER _____

TO BE COMPLETED BY CURRENT FOREIGN STUDENT ADVISOR

INSTITUTION _____

INS SCHOOL CODE _____ 214F _____

DATES OF CURRENT OR LAST SESSION STUDENT ATTENDED-FROM _____ TO _____

STUDENT IS ELIGIBLE TO TRANSFER TO MORGAN STATE UNIVERSITY YES NO

IF NO, PLEASE EXPLAIN _____

Signature _____ Date _____

Name and Title _____

**Please return to: School of Graduate Studies
Morgan State University
1700 East Cold Spring Lane
Baltimore, Maryland 21251
443-885-3185 (Office Number)
443-885-8226 (Fax Number)**